

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 10/2/01 |
| FORMALITY REVIEW | MW | 920 | 10-18-01 |
| RESPONSE FORMALITY REVIEW | MS | 861 | 12-11-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 0 Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

524/920

90/1
12/11/01